



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

AMENDMENT "B"

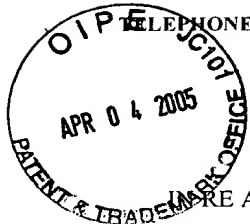
APPLICANTS: Jessica Malmborg GROUP ART UNIT: 2173
SERIAL NO.: 09/919,105 EXAMINER: Dennis G. Bonshock
FILED: July 31, 2001 CONFIRMATION NO.: 3462
TITLE: "USER INTERFACE FOR A MEDICAL DISPLAY DEVICE

MAIL STOP AF

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

S I R:

In response to the Office Action dated January 13, 2005, Applicant herewith amends the application as follows.



TELEPHONE (312) 258-5500

SCHIFF HARDIN LLP

PATENT DEPARTMENT

6600 SEARS TOWER

233 SOUTH WACKER DRIVE

CHICAGO, ILLINOIS 60606

IN RE APPLICATION OF:

Jessica Malmberg

GROUP ART UNIT: 32173

SERIAL NO.:

09/919,105

EXAMINER: Dennis G. Bonshock

FILED:

July 31, 2001

CONFIRMATION NO.: 3462

TITLE: "USER INTERFACE FOR A MEDICAL DISPLAY DEVICE"
AMENDMENT "B"**MAIL STOP AF**

Commissioner for Patents

P.O. Box 1450

Alexandria, Virginia 22313-1450

SIR:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below.

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	16*	MINUS	20	X	() X 9.00 () X 18.00	
INDEP. CLAIMS	1*	MINUS	3	X	() X 43.00 () X 86.00	
Application amended to contain any multiple dependent claims not previously paid for.				() YES () NO	() \$145.00 () \$290.00 ONE TIME	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$0.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 write "20" in this space.

- ☐ Applicants petition the Commissioner of Patents and Trademarks to extend this time for response to the Office Action dated _____ for _____ months so that the period for response is extended to _____. A check in the amount of \$_____ is attached to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to deposit account No. 501519. A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$_____ is attached.
- ☐ A check for \$_____ accompanying IDS under 37 CFR 1.97(c) is attached
- ☐ A check for \$_____ and Petition for Consideration of IDS under 37 CFR 1.97(d) is attached.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to account No. 501519. A duplicate of this sheet is enclosed.

When phoning re this application, please call (312) 258-5500.

SCHIFF HARDIN LLP (Customer Number: 26574)

Patent Department

BY Steven H. Noll (28,982)I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on **April 1, 2005**.

Steven H. Noll

NAME OF APPLICANT'S ATTORNEY

Steven H. Noll

SIGNATURE

April 1, 2005

DATE